

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: James R. Skarda
TITLE: IRRIGATED FOCAL ABLATION TIP

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, "EXPRESS No. EV 331 792 909 US, on this 8th day of September, 2003.

22388 U.S. PRO
10/657377
09/08/03

Sue McCoy
Printed Name
Signature

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 20 (including claims and abstract: Spec. 11 sheets; Claims 8 sheets; Abstract 1

X Drawings:

Total sheets: 12

☒ formal ☐ informal

☒ Combined Declaration and Power of Attorney:

☒ executed

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

X Accompanying application parts:

☐ Notification of filing a

☒ Assignment of the Invention to Medtronic, Inc.

☒ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

X Return Postcard

IF A CONTINUING APPLICATION:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application
No. .

☐ Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--

☐ Cancel in this application original claims ____ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)

☐ The prior application is assigned of record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: __.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.


X Address all future correspondence to: Elisabeth L. Belden, Reg. No. 50,751
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee	
Total Claims	43	20	=	23	x 18	414
Independent Claims	3	3	=	0	x 84	0
Multiple Dependent Claims	0			0	+ 280	0
Basic Filing Fee						\$750.00
					TOTAL	1164.00

X Charge Deposit Account No. 13-2546 in the amount of \$1204.00 for the filing fee and assignment recordation fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

September 8, 2003
Date


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